

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|-------------|---------------------------|---|---------------------------|
| Applicant: | Harischandra K. Mhatre |) | |
| | |) | Group Art Unit: (unknown) |
| Serial No.: | (not yet filed) |) | |
| | |) | Examiner: (unassigned) |
| Filed: | May , 2003 |) | |
| | |) | |
| For: | Prosthetic Heart Valve of |) | |
| | Pyrolytic Carbon |) | |

INVENTOR'S DECLARATION AND POWER OF ATTORNEY

I HEREBY DECLARE THAT:

My residence, mailing address, and citizenship are as stated below.

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Prosthetic Heart Valve of Pyrolytic Carbon", the specification, claims and drawings of which are attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information to the Patent and Trademark Office known to me to be material to the patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

| | | | |
|-----------------------|-----------------|----------------------|-----------------|
| Michael A. Hierl | Reg. No. 29,807 | Arne M. Olson | Reg. No. 30,203 |
| Dolores T. Kenney | Reg. No. 31,269 | Talivaldis Cepuritis | Reg. No. 20,818 |
| Daniel J. Deneufbourg | Reg. No. 33,675 | Seymour Rothstein | Reg. No. 19,369 |
| Joseph M. Kuo | Reg. No. 38,943 | Martin J. Corn | Reg. No. 35,847 |
| David A. Gottardo | Reg. No. 46,736 | Robert J. Ross | Reg. No. 45,058 |
| | | John W. Klooster | Reg. No. 18,953 |

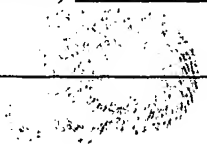
whose mailing address for this application is:

OLSON & HIERL, LTD.
20 North Wacker Drive, 36th Floor
Chicago, Illinois 60606
Telephone: (312) 580-1180

Full name of SOLE inventor Harischandra K. Mhatre
Citizenship India Residence 503 Debonair, 153-B, Veer Savarkar Marg., Mahim, Mumbai
(Bombay) 400 016 India

Mailing Address (If different) _____

Inventor's signature: _____



X

Date: 8th June 2003

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| | |) | Examiner: (unassigned) |
| Filed: | May , 2003 |) | |
| | |) | |
| For: | Prosthetic Heart Valve of |) | |
| | Pyrolytic Carbon |) | |

DECLARATION BY INVENTOR UNABLE TO WRITE

I, Harischandra K. Mhatre, do solemnly and sincerely declare as follows:

1. I am the same Harischandra K. Mhatre who concurrently executed as inventor the accompanying Inventor's Declaration with my left thumb print and an accompanying letter "X" as formed by my left hand.
2. Owing to what I believe to be a stroke, although I am right handed, I am presently unable to sign the accompanying Inventor's Declaration with my signature using my right hand.
3. My abilities to read and to think do not appear to be adversely affected.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

 Signature

 Harischandra K. Mhatre
 Printed Name

 8th June 2003
 Date

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| Filed: | May , 2003 |) | |
| | |) | |
| For: | Prosthetic Heart Valve of |) | |
| | Pyrolytic Carbon |) | |

**STATEMENT IN SUPPORT OF DECLARATION EXECUTED
BY INVENTOR UNABLE TO WRITE**

We, the undersigned witnesses, attest and confirm that Harischandra K. Mhatre, known to each of us, did today execute the attached Inventor's Declaration and Power of Attorney by providing as the "Inventor's signature" an imprint of his left thumb followed by the letter "X" formed by his left hand.

We sign this Statement after witnessing this execution as indicated above and we sign this Statement in the presence of Harischandra K. Mhatre and each other.

First Witness: P.H. Mhatre India 8th June 2003
(signature) (citizenship) (date)

Pramila Harishchandra Mhatre

Relationship: Wife

503 Debonair, 163-B,
Veer Savarkar Marg.,
Mahim, Mumbai
(Bombay) 400 016 India
(mailing address)

Second Witness: Padma INDIAN 8th June 2003
(signature) (citizenship) (date)

PADMAKAR KANOBA SHANT
(printed name)
Before Me

501 AMOL CHS. LD.
BHAGOTI ICEER RD MAHIM,
(mailing address) MUMBAI - 400 016
INDIA

Third Witness: Shantaram Indian 8th June 2003
(signature) (citizenship) (date)

SHANTARAM YESHWANT REGE
(printed name)

Monreach, Prabhanagar
Rahadavi Sea Face Mumbai 40 025
(mailing address) India

NOTARY
AREA: BOMBAY
STATE BANK BUILDING
N. G. N. VAIDYA MARG,
BOMBAY - 400 023.

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| | |) | Examiner: (unassigned) |
| Filed: | June , 2003 |) | |
| | |) | |
| For: | Prosthetic Heart Valve of |) | |
| | Pyrolytic Carbon |) | |

DECLARATION BY INVENTOR'S PHYSICIAN

I, Dr. S. M. Katrak, solemnly state as follows:

1. Harischandra K. Mhatre, who is named as inventor in the present above-identified patent application, is a patient of mine.
2. He has suffered a stroke that has rendered his right hand inoperative and the right side of his body partially paralysed at present.
3. However, his mind and other mental faculties remain functional, operative, and normal, and he is able to carry out various mental activities like including reading and thinking normally. He needs some help in carrying out the physical activities of daily living like walking, bathing etc. in his residence.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | |
|---|--|
|  Signature | Dr. S.M. KATRAK R. No. 217, Jaslok Hospital, Dr. G. Deshmukh Marg, Mumbai - 400 026. Reg. No. 23983 |
| Dr. S. M. Katrak Printed Name | |
| 24 / June / 2003. Date | |